

**TSAB NTAWM TUS TSWV TSEV/
TUS TSWJ XYUAS**
STATEMENT FROM LANDLORD/MANAGER

TUS TSWV TSEV LOSSIS TUS MUAJ CAI TSWJ XYUAS: Teb kom tas nrho cov nqe hauv qab uas yog qhia qhov tseeb uas koj paub txog. Sau "unknown" rau tej nqe uas koj teb tsis tau. (Tsis txhob cia ib nqe twg uas tsis teb li.)	CHAW UA HAUJLWM IB NCIG TUS THOV KEV PAB ID NUMBER The Department of Social and Health Services yog tseem tabtom tsuam xyuas saib tus uas thov kev pab no puas muaj feem tau kev pab. Thov qhia tej lus nug hauv qab no. TUS PAUB TXOG NYIAJ TXIAG SUAM LUB NPE
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A. Lub xaub lossis lub cog lus xaub thiab qhia txog tibneeg xaub nyob:

1. TXOJKEV CHAW NYOB MOOS XEEV ZIP CODE	NYOB CHAV (APT) NUMBER 5. TAG NRHO COV NPE NTAWM COV LAUS THIAB MENYUAS UAS NYOB HAUQ QHOB CHAW NO
2. TUS TIBNEEG XAUB NYOB LUB NPE	
3. HNUB TSIV LOS NYOB HAUV	4. YAM VAJ TSE <input type="checkbox"/> Tsev Kheej <input type="checkbox"/> Tsev ob yig (Duplex) <input type="checkbox"/> Tsev Apartment <input type="checkbox"/> Lwmyam

Ntxiv ntawv ntxiv yog tsis txaus.

B. Qhia txog qhov kev xaub:

6. NPE NTAWM COV TIBNEEG UAS THEM NQI XAUB TSEV	7. TUS NQI XAUB TSEV TAMSIM NO \$ _____	8. HNUB UAS PIB THEM TUS NQI NO	9. LAWW PUAS YOG THEM LOS NTAWM SAUTSHEV? <input type="checkbox"/> YOG <input type="checkbox"/> TSIS YOG
10. KHIJ COV LUB NUG HAUQ QAB NO: Cov tibneeg xaub tsev them ib qho ntawm <input type="checkbox"/> YOG <input type="checkbox"/> TSIS YOG tus nqi tsev xwb puas yog? No puas yog cov tsev loom? Puas muaj dua lwm tus los them ib qho lossis them tas nrho tus nqi xaub tsev no? Cov tibneeg xaub tsev puas ua haujlwm los pauj rau ib qho nqi tsev? 			
YOG TIAS KOJ TEB TIAS YOG, THOV TEB COV HAUQ QAB NO: Pes tsawg: \$ _____ Lub chaw loom twg: Pes tsawg: \$ _____ Leejtwg: Pes tsawg: \$ _____ Pes tsawg: \$ _____			

C. Qhia lwmymam nqi siv: Khij (cov) tej nqe uas muaj tseeb.

11. Qhov siv loj tshaj los mus tso cuasov rau lub tsev no yog: <input type="checkbox"/> Faisfab <input type="checkbox"/> Taws <input type="checkbox"/> Nkev (gas) <input type="checkbox"/> Lwmyam (qhia): <input type="checkbox"/> Roj nkev (propane)	14. Cov nqi them rau txhua yam nqi siv puas suav nrog rau nqi xaub tsev? <input type="checkbox"/> YOG <input type="checkbox"/> TSIS YOG Yog tias TSIS YOG, khij (cov) tej nqe uas cov tibneeg them rau: <input type="checkbox"/> Faisfab <input type="checkbox"/> Dej/dej qias (sewer) <input type="checkbox"/> Nkev (gas) <input type="checkbox"/> Xovtooj <input type="checkbox"/> Roj nkev (propane) <input type="checkbox"/> Khibnyiab <input type="checkbox"/> Taws <input type="checkbox"/> Lwmyam (qhia):
12. Nws puas nyias muaj nyias lub ntsuas nkev thiab faisfab? <input type="checkbox"/> YOG <input type="checkbox"/> TSIS YOG	
13. Cov tibneeg xaub tsev puas them nqi cua txias? <input type="checkbox"/> YOG <input type="checkbox"/> TSIS YOG	

15. TSWV TSEV/TUS TSWJ XYUAS LUB NPE TXOJKEV CHAW NYOB LOSSIS PO BOX NUMBER	16. Tus Tswv Rau Lub Tsev Lub Npe (yog hais tias txaww ntawm Tswv tsev/tswj xyuas) TUS TSWV LUB NPE
MOOS XEEV ZIP CODE	TXOJKEV CHAW NYOB LOSSIS PO BOX NUMBER
TUS XOVTOOJ TOM HAUJLWM	TUS XOVTOOJ TOM TSEV
TSWV TSEV/TSWJ XYUAS SUAMNPE	HNUB
TUS XOVTOOJ TOM HAUJLWM	TUS XOVTOOJ TOM TSEV

COV LUS NUG NRAG QAB NO YOG RAU COV NEEG UAS UA HAUJLWM PAUB TXOG NTYIAJ TXIAG TEB XWB:
TO BE COMPLETED BY FINANCIAL SERVICES SPECIALIST:

YES NO

Is this form completely filled out, signed, and dated by the landlord?

If no, did you take any other action?

Are you able to determine shelter and utility expenses?

If no, did you request additional verification from the client?

Is only one household living at this address?

If no, did you request verification of household composition and other information?

Did the landlord provide information that is consistent with the client's statement?

If no, did you review the case record to determine any missing information?

If the landlord is living at this address, did you request a shared living arrangement form?

N/A